



MEMBERSHIP APPLICATION

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

#1 Phone \_\_\_\_\_ Fax \_\_\_\_\_

#2 Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Web Site \_\_\_\_\_

Residence Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

I would like my mail sent to my company  my residence

Local Chapter you are joining Fort Bend

Board of REALTORS® in which you hold membership
Houston Association of REALTORS®

Type of membership held: REALTOR®  Affiliate

What year did you become active in real estate? \_\_\_\_\_

REALTOR® designations you have earned \_\_\_\_\_

NRDS ID# \_\_\_\_\_

Were you a national WCR member in the past 12 months? \_\_\_\_\_

Following question for National Affiliate applicants only:

Is your REALTOR® Board membership under your name?  your company name?

Note: One of the above MUST be checked to become a National Affiliate WCR member.

DUES AMOUNT OWED

Table with dues amounts: National dues: \$86.00, State dues: \$35.00, Local dues: \$9.00, TOTAL DUES: \$130.00

(\$9 of your dues is a one year subscription to Connections)

METHOD OF DUES PAYMENT

- Check for \$ payable to WCR is enclosed.
Charge \$ to my
Visa MasterCard American Express
Diners Club Discover

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

For Local Chapter Use Only

Verify all REALTOR® Board Information, dues amounts and payment information before forwarding this application.

SPONSORED By: \_\_\_\_\_

Application process completed by \_\_\_\_\_

Date \_\_\_\_\_

Please send completed application along with payment to:
Women's Council of REALTORS®
430 N. Michigan Ave., Chicago, IL 60611
FAX: 312-329-3290